

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <b>08/945705</b>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	
1								51				
2								52				
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49								99				
50								100				
TOTAL IND.	2							TOTAL IND.				
TOTAL DEP.	6							TOTAL DEP.				
TOTAL CLAIMS	8							TOTAL CLAIMS				

PTO-1360 (3-78)

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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